

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

GLOUCESTER, MA

Office of Campaign and Political Finance

13 OCT 25 AM II: 27 File with: City or Town Clerk or Election Commission Beginning Date: 01-01-2013 Fill in Reporting Period dates: **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report ☐ dissolution Komeo Ina 978-283-1527 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 2550.78 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) **Line 7:** Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Bank Glovcester Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, cans, receipts, expenditures disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of behalf of this committee in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

SCHEDULE A: RECEIPTS

• M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a page number on each page.)					
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
8/21/13	Balsamo Sudda Core 14 Grand Hill Dr. Dover ma	250.00	Retired		
8/21/13	BAISOMO YVONNE 14 GEAND HILL DR. DOVER, MA	920.xx	Retired		
9/11/13	Bell John 251 EMainst, GlowMA	100.00			
9/21/13	Bell Selma 25/14/164 Road Glourester, Ma 01930	100.00			
9/24/12	Bertolino Anthony 132 BASS AVE Coloucestus ima O1930	100,00			
8/21/13	Colou ma 01930	150.00			
8/21/13	Calome VIto 22 Holly ST Calon Cetter 1MA 01930	\50, <u>0</u> ₽			
9/24/13	Dineteuro Marianna 540 Washington ST Gloucistes Ma C1930	100.00			
8/21/13	Forzo JANE 129 Atlantic Rd Gloucette MA 01930	50000	Property Manager Dwner		
8/15/13	Fonzo Patricia 50E, PT. Road Gloucister Macigau	100.00			
8/15/13	FORZO SAIVATORE BUE.PT. RODA GIOUCUSTENIMA 01920	100.00			
7 22 13	Glorato Mooidzo 214200 Franc Glorato Mooidzo	100.00			
Line 9: Total Receipts over \$50 (or listed above)		3350.00			
Line 10: Total Rece	Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	7760.00	←□ Enter on page 1, line 2		
TC - 1 - 1 - 3					

^{*} If you have itemized receipts of \$50 and under, include them in line 9 Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	lease include your committee name and a page number on each p Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer	
10/12/13	Harmon Mork 107 Amantic Rd Calculates ima 01930	250° €	Self Employed.	
10/12/13	Huller TRACEY 107 ATLANTIC Rd Churcustus Ma 01930	350,00	Self Employed 107 Atlantic 12 d Charlester 12 d	
10/3/13	Noble LUKE 16 Linden Rd Gloucester ma 01930	100.00	Televicial Importation	
7/22/13	Noto Sepastion 33 Removoir Cood Glowette Ma 01930	100.00		
Tools	Noto Stephanie 33 Reservoir Rol Glouciates Ma 01930	100.00		
8/18/13	Ware DWIGHT 47 Fleasant ST Colourester Ma 01920	250.00	HI Pleasent ist Retired	
8/18/18	Zappa Filippo 17 Cleveland ST Coloncestes Ma 01930	/o○ ·cō		
8/18/13	Zappa Francesca 17 Cleaveland ST Gburester Ma 01938	100.00		
0118113	Zappa Peter 13 Granite ST Gloucester (Macros)	100.00		
9: Total Receipts	over \$50 (or listed above)			
10: Total Receipts	\$50 and under* (not listed above)			
11: TOTAL REC	CEIPTS IN THE PERIOD		l Enter on page 1, line 2	

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/24/13	US Postal Service	Biggeon cove Station Rockport, MA UGG6	STAMPS.	138.00
7/9/13	U.S. POSTAL Serve	Piguen Core Station Ruckport, MADIGUE	STamps	92,00
8/30/13	17x1s Promotions	RIGHW. 384 STREET NEWYORK, N.Y 10018	BumperMagnets	1344-53
8/30/13	Quaside Graphics	27 Railroad Ave Glowster Masirs	Signs	3a09.94
9/26/13	Magnolia Historical Society Varies	magnolia ma Ma Donamo 01934	Donation	300 · 605
9/29/13	Ruhdales	Glovestuma 01930	Gus	81.59
9/27/13	Dearede Graphia	37 Roulroad Ave Gov ma 01930	PVC/signs	228.44
9/30/13	Building Center	1 Harbor loop Glow ma 01930	Supplies for Signs	145.81
8/20/19	Axis Promotions	Sign 38 MY Norsycric, NY 10018	Company is	781.75
	Line 12: Total Expenditures over \$50 (or listed above)			5222.06
	Line 13: Total Expenditures \$50 and under* (not listed above)			305.16
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			5527.22	

^{*} If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
		,	The state of the s	
		<u> </u>		
If an in-kind contrib	ution is received from a person who			
contributes more than	\$50 in a calendar year, you must report of the contributor, in addition, if the	Line 15. In-Kind Contribution	s over \$50 (or listed above)	
contribution is \$200 or more, you must also report the contributor's occupation and employer		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL habilities which have been reported previously and are still outstanding, as well as those habilities incurred during this reporting period

Date Incurred	To Whom Due	Address	Purpose	Amount
		A de des commences		
	:			
The state of the s				